COLORADO
Department of
Labor and Employment

Colorado Division of Labor
Standards and Statistics
633 17th Street
Denver, Colorado 80202-2107
Telephone (303) 318-8441
Fax (303) 318-8400
Toll Free (888) 390-7936
www.colorado.gov/cdle/labor

Office Use Only:	CLAIM #:	COMP INVESTIGATOR:	DATE RECEIVED:

YOUTH LAW COMPLAINT

This form is used to report employers who may be in violation of the Colorado Youth Employment Opportunity Act. It must be filled in completely and signed and dated. Failure to do so will delay the processing of this complaint. If you have questions, please contact the Division by phone at 303-318-8441 or email at cdle_labor_standards@state.co.us.

Complainant Name _____

Mailing Address_____

City_____ State_____ Zip Code _____

Telephone #_____ Email Address _____

Relationship to Minor: ☐ Self ☐ Parent ☐ Legal Guardian ☐ Other (explain):_____

Minor Name (if other than complainant)_____ Age_____

Mailing Address_____

City_____ State_____ Zip Code _____

Telephone #_____ Email Address _____

Type of Allegation *(check all that apply)*

☐ Work schedule / excessive work hours   ☐ Prohibited occupation

☐ Work restrictions due to age of minor   ☐ Other (explain) _____

Summary of Complaint (Use additional sheets if necessary)

Employer Information

Employer Name_____ Employer Contact_____

Mailing Address_____

City_____ State_____ Zip Code _____

Daytime Telephone #_____ Alternate Telephone #_____

Employer's Website _____ Email Address _____

Dates of Employment: From_____ To_____

Supporting Documentation: ☐ Pay Statements   ☐ Paychecks
(check all that apply)   ☐ Time Cards   ☐ Other Information

By signing this "Youth Law Complaint" you are agreeing to the following:

- I have been notified and understand that any person providing false information to the Division in order to obtain and/or retain anything of value may be subject to criminal prosecution under the laws of the State of Colorado with possible penalties of imprisonment, fines, or both.
- I hereby certify that this is a true statement, and authorize the Division to investigate and assist in this matter.
- I understand that the Division does not guarantee a resolution to this dispute, and that I may have to pursue the matter further in court, with an attorney, with another agency, or through other methods.
- I understand that any information supplied to the Division may be provided to the employer, the agents of the employer involved in the dispute, and other agencies or individuals as the Division deems appropriate.
- I declare under penalty of perjury 18-5-501, et seq., C.R.S. that the information provided is true and correct.

_____   _____   _____
            Name   Signature   Date

Last updated August 2016